Atty. Dkt. No. 067286-0277

JAN 2 1 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

James C. KENNEDY et al.

Title:

PHOTOCHEMOTHERAPEUTIC METHOD USING

5-AMINO LEVULINIC ACID AND PRECURSORS

**THEREOF** 

Appl. No.:

10/605,825

Filing Date:

10/29/2003

Examiner:

S. Sharareh

Art Unit:

1617

## RESTRICTION REQUIREMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed wit	Extension for response filed within the first month:		\$0.00
[X] Extension for response filed within the second month:		\$450.00	\$450.00
<ul><li>[ ] Extension for response filed within the third month:</li><li>[ ] Extension for response filed within the fourth month:</li></ul>		\$1,020.00	\$0.00
		\$1,590.00	\$0.00
[ ] Extension for response filed wit	hin the fifth month:	\$2,160.00	\$0.00
EXTENSION FE		SION FEE TOTAL:	\$450.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1	37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FE		MER FEE TOTAL:	\$450.00
[ ] Small Entity Fees Apply (subtract ½ of a TOTAI		ibtract ½ of above):	\$00
		TOTAL FEE:	\$450.00

<sup>[</sup>X] A check in the amount of \$450.00 is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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Beth A. Burrous

Attorney for Applicant

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